## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

C

or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where

appropriate. All further indicated unless correct maintenance fee notifica	ed below or directed off	ng the nerwise	Patent, advance or in Block I, by (a	ders and notification of r ) specifying a new corres	spondence addres	s, and/or	(b) maicaning a sopar		TIDDINGS TO										
	ENCE ADDRESS (Note: Use B	any change of address)	Fee pap	(s) Transmittal, T ers. Each addition	al paper	g can only be used for icate cannot be used for , such as an assignment ling or transmission.	t or form	al drawing, must											
23552	7590 04/23	/2009		L.	ried eie	rtificate	of Mailing of Transm	nission	ne obrio										
MERCHANT .	& GOULD PC			l he	reby certify that t	his Fec(	s) Transmittal is being ficient postage for first	deposited	with the United										
P.O. BOX 2903			- <del>Stat</del> add	es Postal Service ressed to the Ma	with sur il Stop	ISSUE FEE address (1) 273-2885, on the da	above, or	being facsimile											
MINNEAPOLIS	S, MN 55402-0903			tran	smitted to the US	PTO <del>(57</del>	1) 273-2885, on the da	te indicat	ed below.										
				. <u>I</u>	Halina W	ohl_	1	10	(Depositor's name)										
				++	July 20,	200	ر میں اور	$\stackrel{\smile}{=}$	(Date)										
APPLICATION NO.	PPLICATION NO. FILING DATE		FIRST NAMED INV		OR ATTORNE		RNEY DOCKET NO.	Y DOCKET NO. CONFIRMATION NO.											
10/645,440	10/645.440 08/20/2003			Bruce J. Thompson	on 4		40134.0001USII 798		7989										
		'EM E	OR OPTIMIZING	EMPLOYEE SCHEDULI	NG IN A PATIE	T CAR	E ENVIRONMENT												
TITLE OF INVENTION	, METHOD AND STSI	EW IV	ok of Hwizing	EMI EO I EE BEILED CE.	1.0 11.11.11.i.i.	,, 0,,,,													
	•		9				_												
APPLN. TYPE	SMALL ENTITY	IS	SUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISS	JE FEE	TOTAL FEE(S) DUE	1	DATE DUE										
nonprovisional YES		\$755		\$300	\$0		\$1055 07/23/2009		)7/23/2009										
EXAMINER			ART UNIT	CLASS-SUBCLASS	s				*										
BOYCE, ANDRE D			3623	705-008000															
1. Change of corresponde	ence address or indicatio	n of "F	ee Address" (37	2. For printing on the p	atent front page,	list	•												
CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.				(1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.  2 Merchant & Gould F															
										3. ASSIGNEE NAME A	ND RESIDENCE DATA	A TO E	E PRINTED ON T	THE PATENT (print or ty	pe) .				
										PLEASE NOTE: Uni	ess an assignce is ident	ified b	elow, no assignee	data will appear on the p I a substitute for filing an	atent, If an assig	nee is ic	dentified below, the do	ocument l	nas been filed for
(A) NAME OF ASSIC			of this form is NO	(B) RESIDENCE; (CIT)															
Drason Consulting Services, LLC Morrison, CO																			
Please check the appropri	iate assignee eategory or	catego	ries (will not be pr	inted on the patent):	Individual 🖾 (	Corporat	ion or other private gro	up entity	Government										
4a. The following fee(s) a				o. Payment of Fee(s): (Plea															
Issue Fee			A cheek is enclosed.																
Publication Fee (No small entity discount permitted)				Payment by credit eard. Form PTO-2038 is attached.															
Advance Order - # of Copies				☑ The Director is hereby authorized to charge the required fec(s), any deficiency, or credit any overpayment, to Deposit Account Number 13-2725 (enclose an extra copy of this form).															
5. Change in Entity Stat	tus (from status indicate	d above	<del>:</del> )																
a. Applicant claims	s SMALL ENTITY statu	ıs. See	37 CFR 1.27.	b. Applicant is no lon	ger claiming SM	ALL EN	TITY status. See 37 CI	₹R 1.27(g	;)(2).										
NOTE: The Issue Fee and interest as shown by the r	d Publication Fec (if requeecords of the United Sta	uired) tes Pat	will not be accepted ont and Trademark	l from anyone other than t Office.	the applicant; a re	gistered	attorney or agent; or th	e assigne	e or other party in										
Authorized Signature	Cen	2	NO		Date	uly	20, 2009												
Typed or printed name Kathleen E. Ott					Registration No. 64,038														
This collection of informa an application. Confident submitting the completed this form and/or suggesti	ation is required by 37 C tiality is governed by 35 I application form to the ons for reducing this but	FR 1.3 U.S.C USPT	11. The information 122 and 37 CFR O. Time will vary hould be sent to the	in is required to obtain or 1.14. This collection is es depending upon the indiversity of the collection office.	rctain a benefit by timated to take 12 vidual case. Any er, U.S. Patent an	the pub minutes commen d Trader	lie which is to file (and s to complete, including ts on the amount of ting mark Office, U.S. Department	by the U g gathering ne you reartment of	ISPTO to process) ng, preparing, and equire to complete of Commerce, P.O.										

Box 1450, Alexandria, Virginia 22313-1450. DO NÓT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.